A Research Prioritisation exercise for R2HC: Sexual and Reproductive Health and Rights (SRHR) in Humanitarian Crises – What evidence is missing to improve future policy and practice?

Results of a scoping review

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Acronyms

ANC	Antenatal care
ART	Antiretroviral therapy
CCT	Conditional Cash Transfers
DRC	Democratic Republic of Congo
D-VIA	Digital Visual inspection with acetic acid
FCDO	Foreign & Commonwealth Office (UK Aid)
FGM	Female genital mutilation
GBV	Gender based violence
HHER1 & 2	1st and 2nd Humanitarian Health Evidence Review
HIC	High-income countries
HIV	Human immunodeficiency virus
HPV	Human Papilloma Virus
IDP	Internally Displaced People
LMIC	Low- and middle-income countries
MNCH	Maternal, newborn & child health
MNH	Maternal and newborn health
MHPSS	Mental health psycho-social support
MISP	minimum initial service package
PMTCT	Prevention of mother-to-child transmission
PNC / PPC	Postnatal care / postpartum care
PRISMA	Preferred Reporting Items for Systematic reviews & Meta-Analyses.
RDT	Rapid diagnostic test
R2HC	Research for Health in Humanitarian Crises
RAISE	Reproductive Health Access Information & Services
SRHR	sexual and reproductive health and rights
STI	Sexually transmitted infections
VIA	Visual inspection with acetic acid
MNCH	Maternal, newborn & child health
MNH	Maternal and newborn health
MHPSS	Mental health psycho-social support
MISP	minimum initial service package

Background to the planned rapid literature review

Context

Conflict, forced displacement and humanitarian crises severely impact the sexual and reproductive health and rights (SRHR) of women, adolescents and girls, limiting their access to reproductive healthcare and making them more vulnerable to sexual violence, human trafficking, and forced

marriage. The restricted access to SRH services and these abuses contribute to unintended pregnancies, unsafe abortions, and high maternal mortality rates. Access to SRHR information and services is crucial but is hindered by factors such as collapsing health systems, unsafe environments, brain drain of healthcare professionals, prohibitive costs, lack of information and decision-making power of women, and fear of further violence.

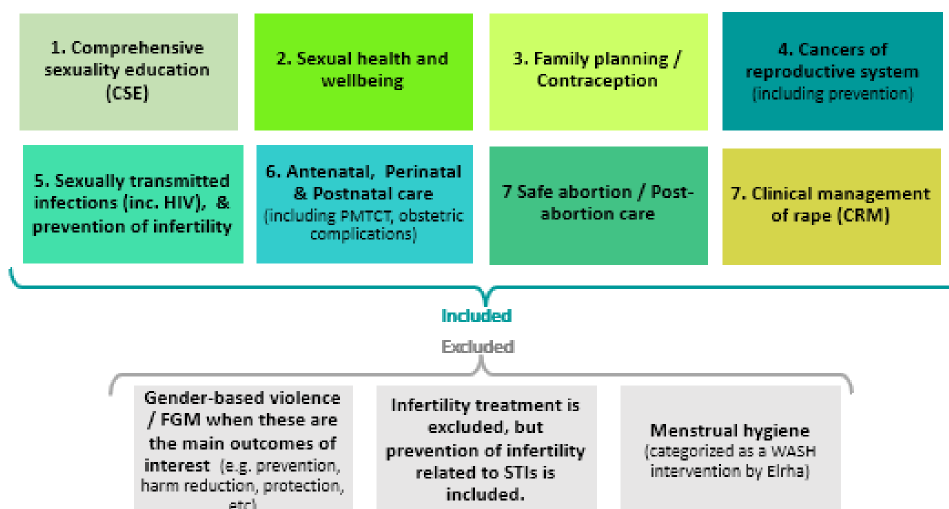
In 2015, approximately 32 million of the 65.6 million forcibly displaced persons were women and girls of reproductive age (15-49 years) all needing SRHR information and services [1]. By the end of 2022, the number of forcibly displaced persons had increased to 108 million with women and girls accounting for 51% of all displaced persons. Most displaced persons (76%) worldwide are hosted in low- and middle-income countries [2].

Conflict significantly impacts women, children, and adolescents. Among 54 countries off track for achieving SDG targets for neonatal mortality, 40% are considered fragile or conflict-affected[3]. The countries with the highest maternal mortality - Afghanistan, Central African Republic, Chad, Somalia and South Sudan - are experiencing or recently recovering from armed conflict [4]. Women of reproductive age living near high intensity conflicts experience three times higher mortality than women living in peaceful contexts [5].

Objective of the literature review

The main objective of the review is to identify recent evidence of effective interventions tested, or being tested, in the field of SRHR in humanitarian crises within low- and middle-income countries (since May 2021, date of the latest Humanitarian Health Evidence Review, HHER2 [6]). At the outset, Elrha, who commissioned the study, advised that gender-based violence, GBV, is a topic worthy of its own full investigation and would thus not be considered in this review (with limited resources). However, in response to feedback from Elrha mid-way through the review, we did seek to identify studies addressing the clinical management of rape or consequences of FGM through a separate rapid (non-systematic) search. See Figure 1 for outline of the thematic SRHR topics included and excluded in the review.

Figure 1: thematic SRHR topics included and excluded in the literature review



The review aims to pinpoint research gaps addressed by recent studies and identify any new research prioritization exercises. The review will map converging and diverging priorities from previous prioritization exercises and any new priorities found in the literature. This will be an ongoing process, allowing the inclusion of both grey and published literature and adjustments to the strategy as the project progresses.

Methodology

We developed the methods for this review to build on work recently conducted, specifically the following evidence reviews:

- The second Humanitarian Health Evidence Review (HHER2) 2021 [7] that provided a comprehensive assessment of peer-reviewed evidence for humanitarian health interventions (updating the first HHER published in 2013 [8]).
- The Innovation for SRH Situational Analysis [1] identifying what innovation means to the SRHR community of practice, what types of innovation are being utilised in humanitarian settings, and providing guidance on best practice for innovation in the sector. A literature review conducted as part of this analysis identified critical SRHR evidence gaps.
- The 3ie SRHR Evidence Gap Map [9] that includes on SRHR programmes in a variety of crises and non-crises settings.

We have largely mirrored the methods used by HHER1 and HHER2, with some adaptations. The various criteria that guided the review are shown in Table 1.

Table 1: summary of inclusion and exclusion criteria for the literature review

	Include	Exclude
Interventions / topics	• Comprehensive sexuality education • Sexual health and wellbeing • Sexually transmitted infections (including HIV and prevention of infertility) • Family planning / contraception • Safe abortion / post-abortion care • Antenatal care, Childbirth, Postnatal care (including PMTCT and obstetric complications or perinatal trauma, e.g. Obstetric fistula and other sequelae of obstetric complications) • Cancers of reproductive system (including prevention measures) • Clinical management of rape (i.e. to screen and manage STIs, management of unwanted pregnancy, physical trauma, psychological aid)	• Menstrual hygiene (considered for the purposes of this review to be more aligned with the WASH thematic area)Sexual and gender-based violence (hereafter referred to as GBV) prevention or psycho-social support only • Female genital mutilation (FGM), except where the sequelae of FGM lead to morbidity, mortality or access to care or services • Infertility treatment (although recognising this is understudied, we exclude due to the complexity of interventions in a crisis settings). We retain infertility prevention as a topic.
Outcomes of interest	Studies with measures of effectiveness of an intervention. • Primary outcomes include adolescent, maternal and neonatal morbidity; adolescent, maternal and perinatal mortality; STI diagnosis and management; and unmet need for family planning, incidence of unsafe abortion. • Secondary outcomes include contraceptive prevalence rate; skilled attendance at birth; emergency obstetric and newborn care (EmONC), and uptake of HPV vaccine.	• Studies that do not quantify health outcomes • Studies only measuring knowledge, attitudes and practice as outcomes • Studies only reporting outputs • Studies only reporting incidence or prevalence (i.e. the primary outcomes)
Locations	• Low- income countries • Middle-income countries (both upper- and lower-middle income) • Fragile of conflict-affected states as listed by the World Bank list for 2024 [10]	• High-Income countries

	Include	Exclude
Populations	• Emergency-affected, including hard to reach populations (non-displaced) • Internally displaced populations • Refugees • Migrants / people on the move • Host communities	• Not emergency-affected • Populations being hosted in high-income countries • Resettled refugees
Type of study	• Systematic review papers • Economic evaluations • Experimental • Quasi-experimental • Mixed-methods studies (that allow for attribution) • Qualitative studies • Study descriptions / protocols for ongoing studies when contact with researchers was possible (to confirm continuation of study and future publication of results)	• Case studies • Opinions/perspectives • Study protocol if the data were not published in the timeframe mentioned in the papers or if contact with researchers was unsuccessful • Protocols or study methods briefs if the investigators could not be contacted
Publication dates	01 May 2021 – 30 April 2024 to develop the results brief (then ongoing through to 30 September 2024)	30 April 2021 and before
Publication language	• English, Spanish, French	• All others

Data retrieval: Three approaches were used to search for studies:

1. A comprehensive search using the online repository, PubMed, using terms for SRHR topics from HHER2 (with some adaptations), covering the period from May 01 2021 to September 30 2024.
2. Citation searches: we screened all papers included in review papers that were identified to screen their citations for further studies.
3. Papers or documents submitted by members of the project expert groups.
4. Papers retrieved in a review running parallel for the Lancet Migration (which included Embase as a data source); and a review of papers related to Afghans from the Scientific Information Database (SID) , an online repository that focusses on Persian language research.
5. We also searched grey literature and unpublished research in repositories such as RAISE, EQUAL, MOMENTUM, WHO SRH website, IAWG, MSF Science repository, IPAS website and the PMNCH repository and Guttmacher Institute, using iterative search terms. We also conducted a search of the 3ie Evidence Gap Map [1] to identify further evidence.

Data selection: Three researchers screened titles and abstracts (all papers were screened by only 1 research calling for second opinions to discuss any uncertainties) and discrepancies. Full texts were screened using a systematic tool. Data extraction was shared, with quality assessments for risk of bias conducted on the papers by one researcher. Studies were appraised for risk of bias using HHER2 tools, with classifications of low, moderate, high, or unclear risk. Because these were not cross checked, we will share aggregate (anonymised) findings on the risk of bias assessments for each study.

[1] 3ie Evidence Gap Map [9]: https://developmentevidence.3ieimpact.org/egm/sexual-reproductive-health-rights-in-low-and-middle-income-countries

Limitations included a focus on LMICs and conflict-affected settings, excluding interventions implemented in high-income country. During full text review, studies that were on relevant topics and showed potential for application in crises settings (n= around 50 papers) will be drawn out to inform the discission in a subsequent version of this brief (and the full report). The review was facilitated using the Covidence platform.

Preliminary Findings

Box 1: Number of studies included

We retrieved a total of 2,720 papers to screen through PubMed, citation searches, submissions of specific papers and from parallel-running review on related topics. We screened 360 papers retrieved through the initial grey literature search, (see annex 1 for PRISMA chart). After duplicates were removed and titles and abstracts were screened, we sought full text reviews of 86 papers, resulting in 40 studies included in this review.

Characteristics of included studies to date

Study design: A variety of research designs were used (see table 2, 23% of them were non-randomised quasi-experimental studies (n=9), 23% mixed methods (n=9), 18% were randomised controlled trials (RCTs) (7), and other study designs.

Table 2: Number of studies by design (N=40)

○ *represent studies pending dissemination of results*

Design	N	
Mixed methods	10	●●●●●●●●●●
Non-randomised (quasi-) experimental*	9	●●●●●●●●●
Cluster RCT	7	●●●●●○○
Cohort study	4	●●●●
Cross sectional study	3	●●●
Observational (quantitative)	2	●●
Individual RCT**	2	●○
Not described in project briefs	2	○○

*includes evaluation of conditional cash transfers (CCTs)

**includes cost- effectiveness of CCTs

Assessment of risk of bias: An initial and draft assessment was conducted to evaluate the risk of bias across various completed study designs (see table 2 and figure 2, over page). Since this was a scoping review, only one researcher per paper conducted the assessment for risk of bias. For this reason, we reported only the overall assessments across all completed studies and by study type, and did not report each individual study's risk of bias assessment. Five currently ongoing studies were included to inform the mapping of evidence and these are not included in the assessment of risk of bias.

The overall risk of bias among the 35 completed studies was categorised as follows:

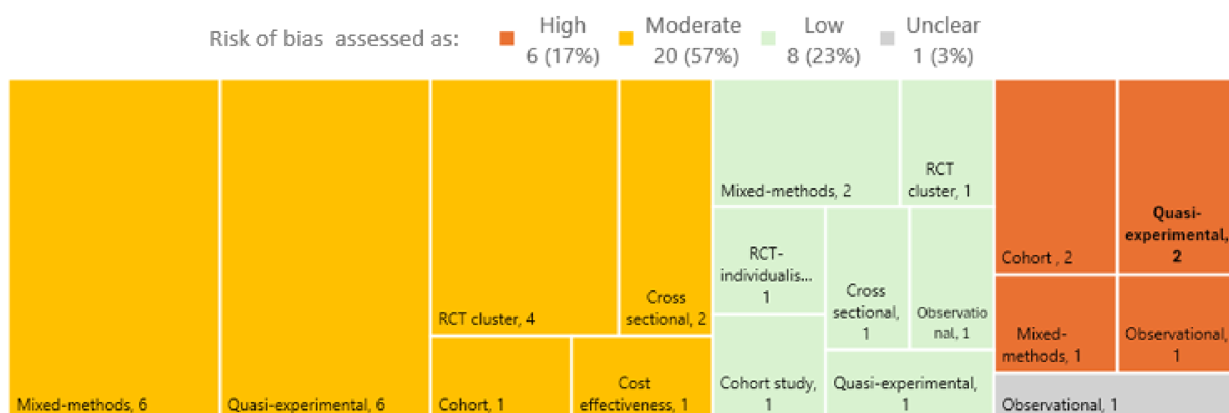
Low risk of bias: almost a quarter of completed studies (n=8, 23%) were judged to be at low risk of bias for all domains included in the assessment, all were qualitative or had components of qualitative analyses.

Moderate risk of bias: over half (n=20, 57%) of the completed studies were judged to raise some concerns in at least one domain included in the assessment, but not to be high risk for any single domain. Again, all were qualitative or had components of qualitative analyses.

High risk of bias: Six studies (17%) were assessed to be high risk of bias for at least one domain or to have some concerns for multiple domains in a way that substantively lowers confidence in the results.

Unclear risk of bias: for one study (Ballout, 2021), the abstract only was available and there was too little information on which to base a clear judgement.

Figure 2: risk of bias by study type among completed & published studies (n=35)



Study location and humanitarian context: Almost three quarters of the studies, 68%, were set in the Africa region across 9 countries plus one unnamed country anonymised to mitigate ethical risks related to abortion care. Thirteen percent were conducted in the middle east, and the remaining 11% (four studies) were spread across south east Asia, eastern Europe and the Caribbean. There were no studies identified conducted in Western Europe and the Western Pacific (see table 3, below).

***Table 3: study by region and country (** *represent studies pending dissemination of results)*

Region	Country	No. studies (N=40)
Africa (n=27, 68%)	Democratic Republic of Congo, DRC	6
	Uganda	5
	Nigeria	4
	Cameroon	3
	Mozambique	2
	Burkina Faso	1
	Central African Republic	1
	Ethiopia	1
	South Sudan	1
	Anonymous country	1
Middle East (n=8, 22%)	Palestine (3) West Bank & Gaza (1)	4
	Lebanon	2
	Palestine / West Bank & Gaza	1
	Multi-country: Jordan, Syria, Lebanon, West Bank & Gaza	1
	Yemen	1
South East Asia (n=3, 8%)	Afghanistan	1
	Bangladesh	1
	Thailand	1
Latin America & Caribbean (n=1, 3%)	Haiti	1
Eastern Europe (n=1, 3%)	Ukraine (and Uzbekistan & Azerbaijan)	1
Western Pacific	None	0

Populations studied: Populations of interest were predominantly emergency-affected populations but not displaced (included in 25 studies in total). Eleven studies (28%) involved refugees and two studies included host communities . some of these studies looked at two or more of these population groups

and one study did not define the characteristics of the population or crisis to retain anonymity (see table 4).

Table 4: Number of studies by the intervention's targeted population type (N=40)

Study population (i.e. beneficiaries of SRHR services)	**Number of studies (%)**	
Emergency-affected (non-displaced)	23	58%
Internally Displaced Persons (IDPs)	3	8%
Emergency-affected (non-displaced) + IDPs	1	3%
Emergency-affected (non-displaced) + IDPs + host communities	1	3%
Refugees	8	20%
Refugees + host communities	3	8%
Undisclosed humanitarian population group	1	3%

Author affiliation: There is a mixed picture of externally-led and locally-led studies among the 35 studies completed and published. Almost all (32, 91%) had at least one author listed with LMIC affiliation, and nine of those (26%) listed a first and last author with their primary institutional affiliation in a LMIC. These examples show local leadership and collaboration in research.

Figure 3: number (%) of published papers (n=35) with authors declaring institutional affiliation with an institution based in a low income country

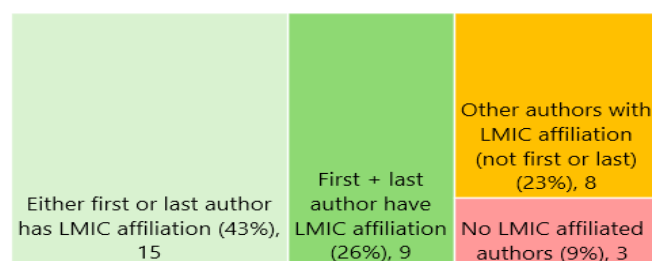
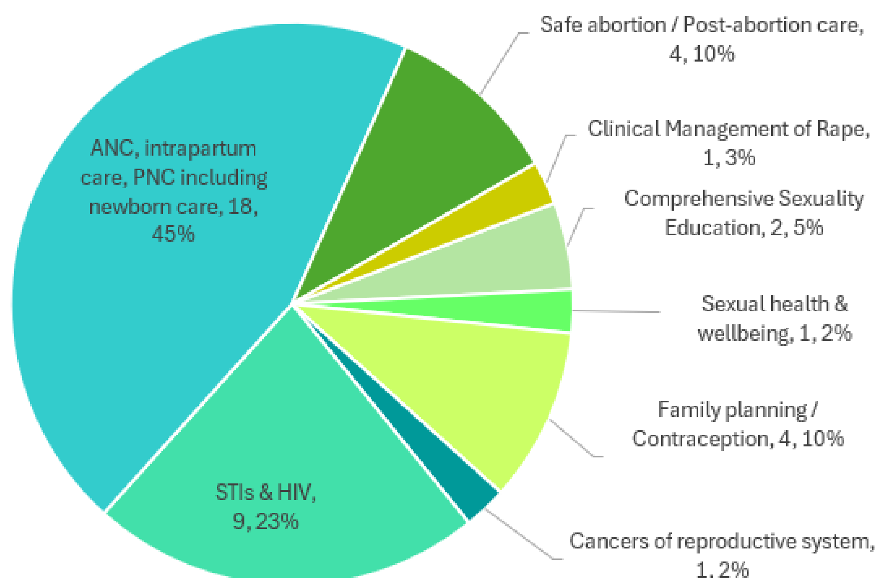


Figure 4: Number (%) of studies by SRHR theme (N=40)



SRHR themes: The majority of studies illustrated in figure 4, above, 45% (n=18) fell into the thematic domain of antenatal, intrapartum and postnatal care. Nine studies (23%) were related to sexually transmitted infections (STIs) – actually all focussing on HIV. Four studies (10%) were around the topic

of safe abortion or post-abortion care, two of these still ongoing. There was only one study related to reproductive cancers (HPV detection), and

Four studies (10%) focussed on contraception / family planning. There were also two categorised under comprehensive sexuality education (CSE); one on sexual and health and wellbeing one related to increasing awareness of clinical services for the management of rape. These four studies were quite intertwined in the topics included in the interventions, and also with the topic of family planning / contraception.

See table 5 for a list of studies by thematic area with the citation references.

Table 5: Type of study and country setting by SRHR theme *(listed by theme and alphabetically by first author within each theme). ** denotes studies where the first and last authors have their primary affiliation with an institution in a LMIC*

Study reference	Country setting	Intervention assessed
SRHR theme: Comprehensive Sexuality Education		
Cockroft 2022a, *Protocol* [11]	Nigeria	Community 'socialising evidence for participatory action' (SEPA) groups to reduce STIs and improve adolescent SRH outcomes (reduce STIs, increase uptake of and satisfaction with SRH services, including reporting of sexual violence.
** Yohanna 2023 [12]	Nigeria	Sexuality education programme implemented through schools to increase knowledge of SRH and reduce risk behaviours
SRHR theme: Sexual health and wellbeing (both studies also aim to increase uptake of FP services)		
Saleh, ongoing [13]	Lebanon	Low-resource/low-intensity integrated SRH and well-being package delivered weekly over 8 weeks by trained paraprofessionals, who are Syrian refugee women from the targeted communities.
SRHR theme: Family planning or contraception		
Anibueze 2022 [14]	Nigeria	Community-based multi-media information, education & communication; topics include benefits and side effects of modern FP methods and "consequences of giving birth to the number of children that a person may not be able to cater for."
Bakesiima 2021 [15]	Uganda	Community-based peer counselling on contraceptive methods compared to standard of care (nurse conducting outreach).
Gage 2023 [16]	Democratic Republic of Congo	Monthly group education sessions and home visits by a pair of trained nursing students, providing client-centred counselling on postpartum family planning, birth spacing, and offering a range of contraceptive methods.
Sampson 2023 [17]	Nigeria	Mobile technology interventions including toll-free FP consultations and biweekly SMS information giving to all camp residents, who were called weekly for 4 months. Community sensitisation activities conducted to engage men and to reduce spousal barriers. Supply-side commodity availability strengthened
SRHR theme: Cancers of the reproductive system (and prevention)		
Dufeil 2022 [18]	Cameroon	Facility-based screening & surveillance of HPV adding digital visual inspection with acetic acid and Lugol's iodine (D-VIA/VILI) to conventional naked-eye examination for triage of HPV-positive women.
SRHR theme: STIs and HIV		
Coard 2022 [19]	South Sudan	Group-based training for caregivers, plus psychosocial and financial support for families through Savings and Internal Lending Communities (SILC), most often for transport to clinic costs. HIV outreach services and information campaigns targeting at-risk adolescents to improve retention in care and adherence to antiretroviral therapy (ART)

Ferryar 2021 [20]	South Sudan	Decentralised model of care with mobile teams offering HIV counselling and testing (HCT) and same day initiation at community level.
Klabbers 2022 [21]	Uganda	Facility-based assisted partner notification for HIV by either: a) self-notification bringing partner to clinic; b) provider notification or c) assisted notification.
Logie 2022 [22]	Uganda	Community-based HIV-ST & edutainment comic (protocol – results pending)
Logie 2023[23] Protocol	Uganda	Community-based HIV self-testing (ST) with: a) peer counsellors; & b) a. plus m-health
Manjate 2024 [24]	Mozambique	Facility-based 4th-generation rapid diagnostic test (RDT) AlereTM HIV Combo for detecting acute and seroconverted HIV-infection.
**Mekollele 2023 [25]	Cameroon	Mobile clinics for HIV testing & treatment and reducing loss-to-follow up (differentiated service delivery, DSD)
O'Laughlin 2021 [26]	Uganda	m-heath for HIV linkage to care
**Omam 2021[27]	Cameroon	Mobile clinics for HIV testing & treatment (DSD)
SRHR theme: antenatal care, childbirth and postnatal care		
Al Kady 2024 [28]	Jordan, Syria, Lebanon, West Bank and Gaza	Overuse of antibiotics for urinary tract infections in pregnant refugees, Lebanon
**Ballout 2021 [29]	Jordan, Syria, Lebanon, West Bank & Gaza	Facility-based electronic medical records with alerts /reminders for clinic staff to follow-up ANC clients who are over 40y
**Barua 2022 [30]	Bangladesh	Community-based referral transportation system for accessing emergency obstetric services in the Rohingya refugee camp during the COVID-19 pandemic in Bangladesh: facilitators and barriers through beneficiaries' and providers' lens using a mixed-method design
**Becquet, ongoing [31]	Central African Republic	Integration of TBAs into the health system, collaboration with health facilities, and the use of a phone app to improve high-risk pregnancy identification and delivery outcomes.
Berg 2022 [32]	Democratic Republic of Congo	Implementation of a three-pillar training intervention to improve maternal and neonatal healthcare in the Democratic Republic Of Congo: a process evaluation study in an urban health zone
Bogale 2021[33]	Palestine	Digital Targeted Client Communication Intervention on Pregnant Women's Worries and Satisfaction with ANC
Cockroft 2022 [34]	Nigeria	Assessing the impact of home visits on increasing male spouses' knowledge of pregnancy and childbirth danger signs
Das 2022 [35]	Yemen	Use of quality improvement methodology to improve care of women with hypertensive disease in pregnancy and haemorrhage in Yemen (low-income, high-insecurity setting)
*Kavunga-Membo 2024 [36]	Democratic Republic of Congo	Delivery and Safety of a Two-Dose Preventive Ebola Virus Disease Vaccine in Pregnant and Non-Pregnant Participants during an Outbreak in the Democratic Republic of the Congo
*Loarec 2021 [37]	Mozambique	Prevention of mother-to-child transmission of hepatitis B virus in antenatal care and maternity services, Mozambique
MacDonald 2021 [38]	Haiti	The effect of a new rural maternity unit on maternal outcomes
Masiano 2023 [39]	DRC	Conditional cast transfers (CCT) for PMTCT
McGready 2021 [40]	Thailand (Myanmar border)	Facility-based training for health workers on advanced and basic life-saving obstetric skills
MohanReddy 2023 [41]	Afghanistan	In response to COVIV-19, midwives were trained via digital platforms to manage PPH and preeclampsia, supported by remote consultations with gynaecologists. Services included home-based obstetric care, maternal health education, and digital tracking for supplies and patient follow-up.
Mørkrid 2023 [42]	Palestine	Digital MCH registry with targeted client communication sending individualised messages to pregnant women plus a quality improvement dashboard for healthcare providers aiming to improve uptake & quality of ANC
**Offosse 2023 [43]	Burkina Faso	User-fee exemption for MNCH clients

Venkateswaran 2022 [44]	Palestine	A digital health registry with clinical decision support for improving quality of ANC during clinical consultations that trigger guidance on screening and management from national ANC guidelines
Vries 2021 [45]	Gaza	Key lessons from a mixed-method evaluation of a postnatal home visit programme in the humanitarian setting of Gaza
Safe Abortion or post-abortion care		
Ishoso 2021 [46]	Democratic Republic of Congo	Implementation of a postabortion care strategy in Kinshasa referral hospitals
Seyoum, onging [47]	Ethiopia	Midwifery-led, person-centred comprehensive abortion care services
Kumar, 2022 [48]	Anonymised country, Africa	Review of a standardised 6-component 'task force intervention package' to strengthen support to providers that aimed to reduce barriers to providing safe abortion care in a legally restricted, humanitarian setting.
Tsreteli, 2024 [49]	Ukraine (Uzbekistan, Azerbijan)	Telemedicine medical abortion service without pre-treatment in-person test Participants consulted with trained providers via phone or video to confirm eligibility for medical abortion. Providers explained the medication process and follow-up, and clients could chose to have their medication sent to them or to collect them from a facility.
SRHR theme: Clinical management of rape		
Logie, 2023 [50]	Uganda	Mixed-methods findings from the Ngutulu Kagwero (agents of change) participatory comic pilot study on post-rape clinical care and sexual violence prevention with refugee youth in a humanitarian setting in Uganda

Overview of innovations identified

Highlights: key findings by intervention type

Community-Based Interventions

Peer-led counselling and information giving → increased contraceptive uptake; home visits to male partners to increase uptake of ANC

Community driven transport hubs for EmONC during COVID to reduce barriers to access

Mobile clinics & run-away bags to improve ART adherence in insecure regions

Digital and Mobile Health

SMS reminders to improve ANC attendance and follow up

Electronic health registries to improve adherence to ANC protocols (data use)

mHealth with SMS to improve HIV testing & partner notification

Task shifting

Telemedicine to increase access to safe medical abortion removing in-person clinic visits

Midwifery-led comprehensive abortion care tailored for IDPs (ongoing)

AV

Highlights: key findings by intervention type

Youth-Focused Education and Sexuality Programmes

School-based sexuality education

Community dialogues involving parents and adolescents

Edutainment media (comic books, multi-media)

Integrated SRHR and mental health services

SRH and mental well-being package being tested to strengthen self-efficacy and resilience in conflict setting

Training & capacity building

Obstetric skills training – low-dose high frequency

Integration TBAs to improve high-risk pregnancies and referrals

Financial Incentives and Conditional Cash Transfers

CCTs improved retention in PMTCT

Policy-level waivers enhanced utilisation of MNH services

Key gaps identified

Research Gaps

Themes

Respectful care, including maternity care

HPV vaccines

Clinical rape management

Mental (inc. perinatal) health in SRHR and how to tailor for displaced people

Newborn care (home or community)

Climate change and health

Capacities

MISP to comprehensive

Improving the SRH supply chain

Use of data to improve effectiveness

AI / online / mHealth

Settings

Acute, protracted, transition from acute to protracted / post-crisis.

Populations

People with disabilities

LGBTQI+

Sex workers

Adolescents

Urban refugees & those living outside camps

Hard-to-reach

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